

Brigadier Boyd regarding treatment of the bilharzia infection; and, finally, to Mr. A. R. Hockley, B.Sc., of the Zoology Department of the University of Southampton, who very kindly took the photo-micrographs.

Summary

Soon after the successful treatment of his gonorrhoea, an Iraqi sailor developed pyuria with small blood clots. Appearances on cystoscopy suggested tuberculosis or bilharzia and *Schistosoma haematobium* were found in the urine collected from the

bladder. There was a satisfactory response to treatment with Stibophen.

Bilharziose chez un homme atteint de blennorrhagie

Résumé

Peu de temps après un traitement efficace de sa blennorrhagie, un marin irakien nota du pus et de petits caillots sanguins dans son urine. L'image cystoscopique fit penser à la tuberculose ou la bilharziose et l'identification du *Schistosoma haematobium* dans l'urine recueillie au cours de la cystoscopie décida le diagnostic. Le traitement au Stibophen donna un résultat satisfaisant.

BOOK REVIEWS

Differential Diagnosis of Yaws. By C. J. Hackett and L. J. A. Loewenthal. 1960. World Health Organization, Geneva, Monograph Series No. 45, pp. 88, 52 figs. Available from H.M. Stationery Office, P.O. Box 569, London, S.E.1. (17s. 6d.; \$3.25; *Swiss frs.* 10).

The clinical diagnosis of yaws may be easy or difficult. Its differentiation from other skin conditions may sometimes tax the acumen of even the experienced dermatologist practising in areas where this treponematoses is endemic. The mass campaigns against yaws, made possible by the availability of penicillin and organized by national public health services aided by W.H.O., must depend largely on non-medical personnel who have been given special instruction about the recognition, treatment, and control of yaws. Many of these eradication campaigns have now reached their later stages of resurvey when the florid manifestations of yaws have become uncommon. In these circumstances, many lesions not due to yaws and not influenced by penicillin assume increased significance, and accuracy in differential diagnosis becomes very important in assessing the success of the campaign and in planning its further activities. This monograph, which has been prepared to help field workers, is a companion volume to *An International Nomenclature of Yaws Lesions* (W.H.O. Monograph Series No. 36; reviewed in this *Journal* (1958), 34, 112). The fifty-two black-and-white clinical photographs of non-treponemal conditions provide the basis of the present volume; their quality is high and only a short text is required. Lesions occurring on the soles of the feet, especially in those working bare-foot in the wet season in

tropical areas, may readily be confused with the hyperkeratotic lesions of yaws and this problem receives special attention. The monograph will not only serve its special purpose admirably but should also interest those, particularly dermatologists, practising in the tropics. S.M.L.

Atlas and Manual of Dermatology and Venereology. By W. Burckhardt, trans. S. Epstein. 1959. Pp. 276, 99 col. pl. and 73 figs. Baillière, Tindall and Cox, London. (£5 12s.).

This book is intended for the use of medical students, general practitioners, and non-dermatological specialists. The 99 coloured illustrations are reproduced from excellent colour photographs. This concise Atlas will be useful for quick reference and revision; for essential further reading, a list of major references is included. Dr. Peter A. J. Smith, Dermatology Department, The London Hospital, has advised on the text with particular reference to therapy used in Great Britain.

The section on venereal diseases contains many excellent illustrations in colour and in general the short text is probably adequate for the limited purpose of the book. Most British venereologists will feel that twenty injections of bismuth preparatory to penicillin in neurosyphilis involves undue delay. Non-gonococcal urethritis is dealt with perfunctorily and the rarity of Reiter's syndrome is overemphasized. Amongst the treatments recommended for non-gonococcal urethritis, penicillin is unlikely to be of benefit. A.C.C.D.